

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/744628</b>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3	/						53				
4		2					54				
5		2					55				
6		2					56				
7		2					57				
8		2					58				
9		2					59				
10		2					60				
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12		2					62				
13		2					63				
14		2					64				
15		2					65				
16	/						66				
17		/					67				
18		/					68				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	37						TOTAL DEP.				
TOTAL CLAIMS	30						TOTAL CLAIMS				

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